Site ID # MAD019723535

Part A Application Yes____ No____

RCRA INSPECTION CHECKLIST

Site Name: Interstate Uniform Services ~~Inc~~ Co.

Inspection Date: ____

Site Location: 15 Olympia Ave, Woburn MA

Type of Facility: Transporter only

Generator: ____

Phone No: (617) 933-5800

Transporter: ✓ MA-208

Inspectors:

TSD: ____

EPA: ____

Permits Issued: ____

State: Cleary / Waldorf

Industry: Mr. Frank Bellita

In Compliance Yes____ No____

I. Generator with Temp. Storage or TSD Facility

A. Pre-Inspection Meeting

1. General Information (Process Description, etc.)

Licensed to transport halogenated solvents and still bottoms ~~from~~ generated by Interstate Uniform

Have 5,000 gallon storage tank - unused.

Industrial dry cleaning detergent
Fabrilee International "~~Enb~~ Enerbate
7525 Industrial drycleaner Detergent
Raw material.

2. Hazardous Waste Profile

Type of Waste	Amt. of Waste Kg/mo	Onsite Temp. Storage/ TSD	Transporter	Offsite TSD
Perchloroethylene Still Bottoms				

3. Records

262.21 a.) Manifest — Manifests may be checked ahead of time by state personnel who have them on file - otherwise, random selection of some during inspection for review. Must be kept for 3 years.

1) Document No.: _____

2) Generator ID, Name, Address: _____

3) Transporter(s) ID, Name, Address: _____

4) TSD Facility ID, Name, Address: _____

5) Waste Type of Quantity: _____

6) Date of Acceptance: _____

262.50 i) International Shipping Manifest: _____

262.42 ii) Exception Report: _____

265.13 b.) Waste Analysis Plan

1. Plan on site: _____

2. Plan should include (a) parameters: _____

(b) test methods: _____

(c) sampling method: _____

(d) frequency: _____

3. Copy of Results

265.15 c.) Inspection Schedule and log

1) Are inspections conducted _____

2) *Written inspection schedule _____

3) Inspection Log _____

(A) Daily - loading and unloading of areas subject to spills: _____
- discharge control equipment in tanks: _____
- incinerator system, thermal treatment equipment, _____
- chem/phys/biol treatment equipment: _____
- freeboard level of surface impoundments: _____

(B) Weekly - physical conditions of containers: _____
- " tanks: _____
- " surface impoundments _____
- " chem/phys/bio. treatment facility: _____

265.16 *d.) Personnel Training Records

1.) Job titles/position descriptions and name of employee

_____

_____

2.) Description of training: _____

3.) Records of Training: _____

4.) Training completed: _____

* Required for Temporary Storage

*e.) Contingency Plan

265.53 1. Plan on site:_____

265.53 2. Plan to local authorities:_____

265.52 3. Content of Plan:_____

a) Emergency plan:_____

b) Local authority arrangements:_____

c) Identify emergency coordinator:_____

d) List of emergency plans:_____

e) Evacuation plans:_____

f.) Closure and Post-closure Plans; Cost Estimates

265.112, .113, 1. Closure Plan (TSD Facilities) -

a) Plan on site:

b) Does plan include:

1) Schedule of partial closure if applicable:_____

2) Estimate of maximum inventory of waste in storage or treatment at given time:_____

3) Schedule for final closure & an estimate of the expected year of closure:_____

4) Description of steps needed to decontaminate facility equipment:_____

5) Total time required for closure:_____

6) Certification of closure:_____

265.117,.118 2. Post-closure Plan (disposal facilities only)

a) Plan on site:_____

b) Does plan identify and include frequency of:_____

o planned ground water monitoring:_____
o planned maintenance & security activities:_____
o name, address and phone number of Post-closure contact:_____

c) Length of Post-closure period identified:_____

*Required for Temporary Storage

265.142 3. Closure Cost Estimate (TSD facilities)

a) Estimate on site: Amount of estimate:

b) Estimate adjusted annually on 11/19 for inflation:

c) Has Closure Plan changed?

d) If answer to 3 is yes, has cost estimate changed?

265.144 4. Post-closure Cost Estimate (disposal facilities only)

a) Estimate on site: Amount of estimate:

b) Estimate adjusted annually on 11/19 for inflation:

c) Has Post-closure plan changed?

d) If answer to 3 is yes, has cost estimate changed?

265.73 g) Operating Records

1. Records on site_____

2. Description, quantity, method and dates of disposal:_____

_____

3. Location onsite and manifest number:_____

_____

4. Results of waste analysis:_____

5. Record of any incidents requiring use of contingency plan:_____

_____

6. Records and results of inspections:_____

7. Closure and post-closure cost estimates if needed:_____

B. Inspection

265.14 1. Site Security

a) 24 hour surveillance system:_____

b) or Artificial or natural barrier:_____

c) and Means to control entry:_____

d) Danger sign posted at each entrance legible at 25':_____

265.30-.37 **2. Site Preparedness/Prevention

a) Internal Communication/alarm:_____

b) Telephone/2-way radio:_____

c) Portable fire control equipment:_____

d) Adequate water for fire control:_____

e) Testing and Maintenance of equipment:_____

f) Adequate aisle spare:_____

g) Access to equipment:_____

265,170-.177 3. Containers

Leaks_____

Ruptures_____

Corrosion_____

Closed Except in use_____

Heat/Pressure_____

50' bufferzone for I and R wastes:

I = Ignitable_____; R = Reactive_____

No smoking signs near I or R waste_____

Separation of incompatible wastes_____

Evidence of spills_____

262.30-.34 Pretransport requirements: Packaging_____

Labelling_____

Marking_____

Placarding_____

Date of Waste Accumulation_____

*NYR Check for impermeable base under containers, any drains, secondary containment

*NYR - Not yet regulated
**Required for Temporary Storage

265.190-.199

4. Tanks

Leaks _____

Ruptures _____

Corrosion: Check valves, piping controls for signs of corrosion _____

_2' freeboard or containment _____

Heat/pressure _____

Evidence of spills _____

Inflow and outflow controls _____

Continuous Inflow _____ Means to stop flow? _____

Special Requirements for I and R wastes _____

265.220-.230

5. Surface Impoundments (Pits, Ponds and Lagoons)

~~Protective~~ Cover on Dikes _____

_2' freeboard _____

Special requirements for I and R waste _____

Evidence of fire, explosion - leak _____

*~~NYR~~ Liner _____

265.90-.94

**Groundwater Monitoring _____

265.250-.257

6. Waste Piles

Wind erosion control _____

**~~Prevention~~ of leachate from pile (if hazardous) _____

Special requirements for I and R waste _____

Evidence of fire, explosion, leak _____

Separation of incompatible wastes _____

Waste analysis _____

*NYR - Not yet regulated

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265.340
265.382

7. Incinerators/Therman Treatment

a) Steady State conditions_____

b) Inspect combustion and emission control instruments every 15 minutes_____

c) Observe stack plume hourly_____

d) Waste analysis:

1) Heating value of waste_____

2) Organic halogen content_____

3) Sulfur content_____

4) Lead concentrations_____

5) Mercury concentrations_____

e) Evidence of leaks of spills (pumps, valves, conveyors and pipes)_____

f) Daily inspection of Emergency shutdown controls and Alarm systems_____

g) Special Requirements for incompatible wastes_____

265.272 -

8. Phys/Chem/Bio. Treatment

a) Leaks_____

b) Ruptures_____

c) Corrosion_____

d) Waste cut off_____

e) Waste analysis_____

f) Special Requirements for I and R waste_____

g) Special Requirements for incompatible wastes_____

265.272 - 265.282

9. Land Treatment

a) Approval document _____

*b) Run-on diversion _____

*c) Run-off collection; Treat if necessary _____

d) Waste Analysis _____

e) Presence of food chain crops, if so, refer to 265.276 ___

f) Unsaturated zone monitoring plan _____

g) Unsaturated zone waste analysis _____

h) Records of application dates, rates, quantities and location of waste _____

i) Special requirements for I and R wastes _____

J) Special requirements for incompatible wastes _____

265.90-.94 *k) Groundwater Monitoring _____

265.302-.315 10. Landfills

*a) Run-on diversion _____

*b) Run-off Collection; Treat if necessary _____

c) Wind dispersion controlled _____

d) Records of all dimensions, locations, and contents _____

e) Special Requirements for I and R wastes _____

f) Special Requirements for Incompatible Wastes _____

*g) Special Requirements for liquids _____

*h) Reduction in volume of empty containers _____

265.90-.94 *i) Groundwater Monitoring _____

Subpart R 11. Underground Injection

Consult Appropriate subparts.

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C. Requests for Information

D. Photos Taken

E. Sampling Inspection Needed

F. Potential for Imminent Hazard, Air or Water Discharge Violations

G. Proximity to Residential Area, Surface Water, Recharge Zone, etc.

h.) Ground-Water Monitoring

265.91 1. (A) EPA specified ground-water monitoring program implemented?_____
If no go to 2
- 1 upgradient and 3 downgradient wells_____
- All wells cased and screened at appropriate depth_____
- Annular space sealed_____

265.92 (B) Sampling and analysis plan at facility_____

(C) Parameters sampled
- Primary drinking water standards (265.92b1)_____
- Ground-water quality (265.92b2)_____
- Ground-water contamination indicators (265.92b3_____

(D) Monitoring frequency
- (11/19/81 - 11/18/82)
  - o All parameters all wells-quarterly_____
  - o 4 replicates each ground-water contamination indicators sample upgradient wells_____
  - o End of list year calculate initial background mean and variance for contamination indicators_____
- (11/19/82 - Permit Issuance)
  - o Ground-water quality - annually_____
  - o Ground-water contamination indicators -semi-annually 4 replicates each well each sample_____
- Ground-water elevations with each sample_____

265.93 (E) Preparation, evaluation and response
- Ground-water quality assessment program outline kept at facility_____
- Ground-water contamination indicator results for each well compared via Student's T test to initial background arithmetic mean_____

265.94 (F) Records or required analyses per 265.94(A1) Kept on site (thru post-closure)_____
Necessary reports submitted to R.A. or State Director (see 265.94A2)_____

265.90C 2.(A) Written hazardous waste migration potential demonstration prepared and kept on-site?_____
If no go to 3
- Waiver demonstration certified by qualified geologist or geotechnical engineer_____
- Demonstration establishes
  - o Potential for migration of hazardous waste via uppermost aquifer_____
  - o Potential for hazardous waste to migrate to a water supply or surface water_____
- Obtain copy for review by EPA_____
  If copy not obtained why?_____

265.90D 3(A) Alternative ground-water monitoring program has been implemented _____

- Specific plan was submitted to R.A. (or State Director) by 11/19/81 _____
- Plan approved _____ (Date)

- By 11/19/81 ground-water quality assessment per 265.93(d)(4) implemented quarterly determinations made until closure _____ _____

- Recordkeeping and reporting requirements in 265.94(6) complied with _____